

## ISSUE SLIP STAPLE AREA (for additional cross references)

PCN	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.H	553	2/28/01 05-F-01
RESPONSE FORMALITY REVIEW	Zm	927	08/27/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Final	Original	Date
1	✓	2/27/01
2	-	2/27/01
3	✓	2/27/01
4	✓	2/27/01
5	✓	2/27/01
6	✓	2/27/01
7	✓	2/27/01
8	0	2/27/01
9	✓	2/27/01
10	✓	2/27/01
11	✓	2/27/01
12	✓	2/27/01
13	✓	2/27/01
14	✓	2/27/01
15	✓	2/27/01
16	✓	2/27/01
17	N	
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

C.C.  
OK-F-01  
553  
08/27/01